



MARYLAND DEPARTMENT OF  
**HUMAN SERVICES**

Larry Hogan, Governor | Boyd K. Rutherford, Lt. Governor | Lourdes R. Padilla, Secretary

# **L.J. v. MASSINGA**

## **COURT REPORT**

**62nd Edition**  
**January 1, 2019 – June 30, 2019**

**L.J. v. MASSINGA COURT REPORT**  
**January 1, 2019 – June 30, 2019**  
**Table of Contents**

Part One - Preamble	3
Part Two - Five Subsections of the Modified Consent Decree	8
Part Three - Additional Commitments	18
Part Four - Data Summary	25
Conclusion	49

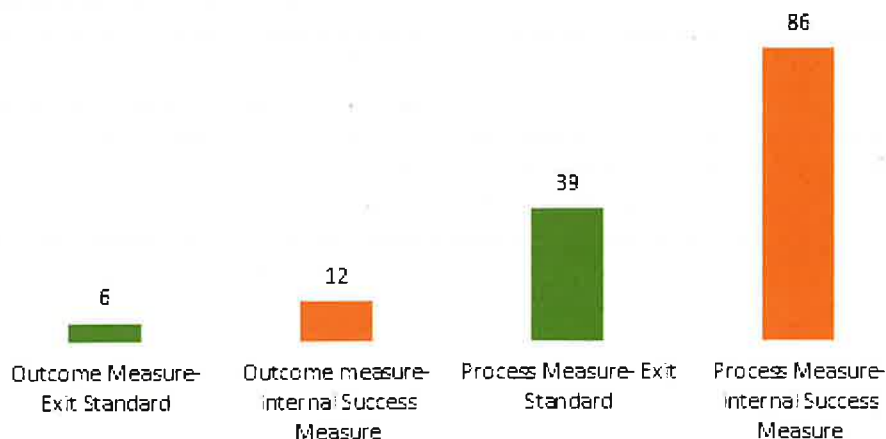
## PART ONE - PREAMBLE

This is the Maryland Department of Human Services' (DHS) and the Baltimore City Department of Social Services' (BCDSS) 62nd Court Report as required by the *L.J. v. Massinga Consent Decree*, modified on October 9, 2009. This report covers the reporting period January 1, 2019 through June 30, 2019. During this reporting period, the Agency continued to work aggressively to improve the overall practice within child welfare and move towards compliance in some of the measures.

The Agency experienced a change in senior leadership during this reporting period. Director Stacy Rodgers resigned in March, after one year of serving in the Director role. Dr. Randi Walters was named Interim Director on April 1, 2019 and was officially appointed on June 16, 2019.

This report to the Court addresses the 126 measures defined in the Modified Consent Decree (MCD) as well as the Agency's performance relative to the Internal Success Measures, Exit Standards and compliance with the Additional Commitments of the MCD for the covered period. These measures can be broadly categorized into the following categories: Outcome measures and Process measures, then further divided into Exit Standards and Internal Success Measures. We define the outcome as the status, experiences or well-being of children served by child welfare. Are we making a difference in the lives of children, youth and their families? Are they better off because of our work with them? A process measure is defined by the way we handle our internal processes, for example, "percent of all children for whom BCDSS provided referrals for services identified in the child's, parent's or guardian's service agreement." Monitoring these kinds of processes is necessary for the consent decree.

□ Outcome and Process Measures



During the reporting period, the Agency and the Independent Verification Agent (IVA) continued efforts to improve the methodology by which many of the requirements of the MCD are measured and reported. As such, this report also contains extensive documentation of our efforts to mitigate longstanding concerns and issues reflected in prior IVA reports (specifically clarifying definitions of terms, further identification of what we are measuring, and attempts to improve data quality). The Agency has also been meeting with the IVA on a biweekly basis to discuss data and practice changes. The IVA is working closely with a designated data analyst who is exclusively working on the MCD.

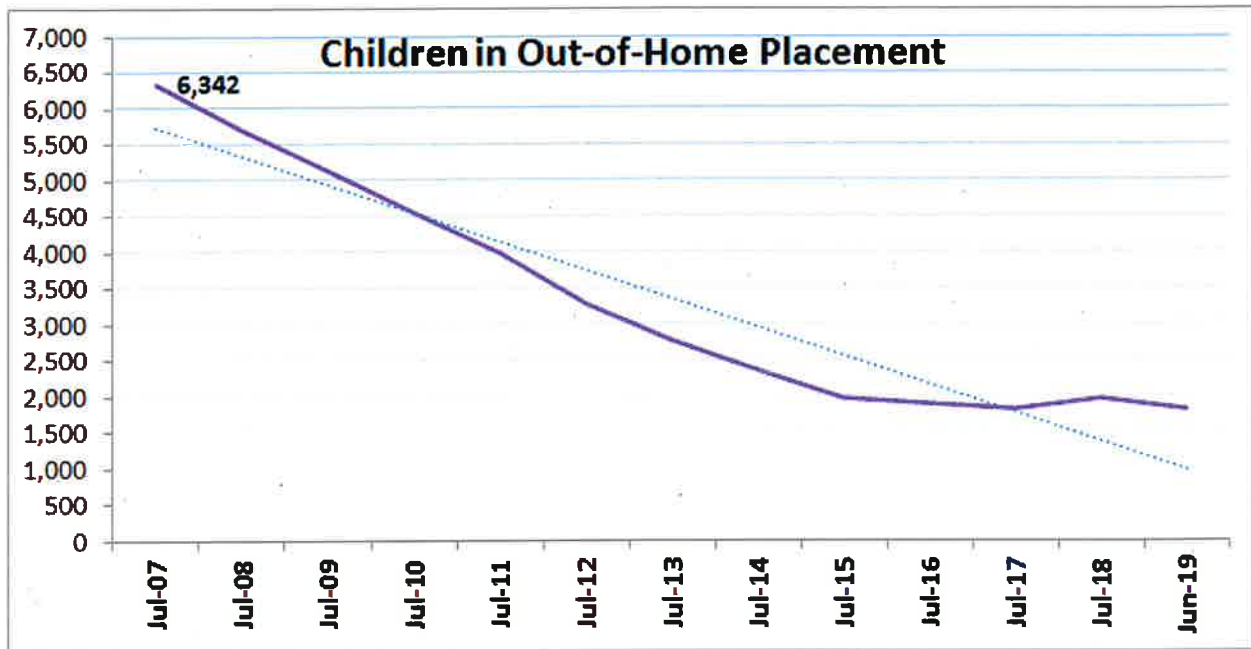
The Agency has achieved compliance and is requesting certification on the following two Exit Standards during this reporting period:

- Exit Standard 75 – Ninety-five percent of new entrants to Out of Home Placement (OHP) received an initial health screen within 5 days of placement
- Exit Standard 121 – Ninety-five percent of caseworkers met the qualifications for their position under Maryland state law.

The new leadership team at BCDSS has been assessing the organization during their first ninety days and has made the following observations that will guide priorities during the next reporting period:

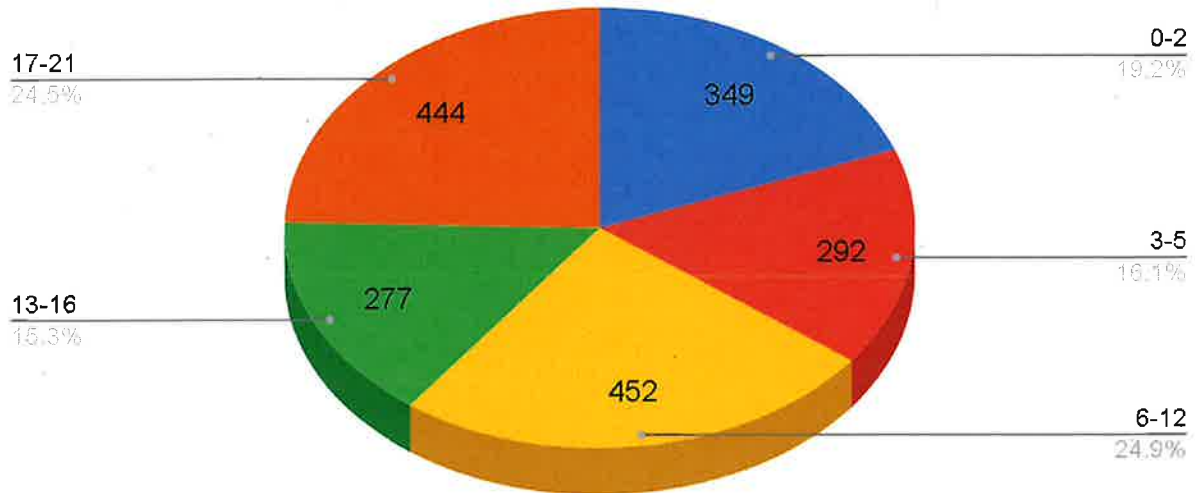
- Improving frontline staff, hiring, training, supervision, coaching and support is a prerequisite for enduring change. In other words, any other efforts to improve practice, processes or outcomes are critically hampered by low staff retention. BCDSS leadership is currently digging deeper to gain a better understanding of what is driving the problems with retention in order to find the high leverage areas to focus the work.
- Focusing on results for children, youth and families is the most effective leadership and management strategy.
- Moving forward, we must make the compelling case to our workforce for prioritizing the following key outcomes:
  - Reducing Recurrence of Maltreatment
  - Improving Timeliness to Permanency
  - Improving Percentage of Monthly Caseworker Visits With Parent
  - Improving Placement Stability Rates for Children in Out of Home Care
  - Increasing the Percentage of Children Placed with Relatives

**Acknowledgement:** The Agency has utilized both the previous summary of concerns regarding data and measurement provided by the IVA on November 23, 2018 and the IVA response to the 61st Certification Report. The IVA's written feedback, as well as the input provided during the biweekly meetings, has been a valuable tool in helping us to better understand and mitigate concerns regarding agency data and practice. We appreciate the partnership with the IVA and will continue to move toward certification in additional measures.



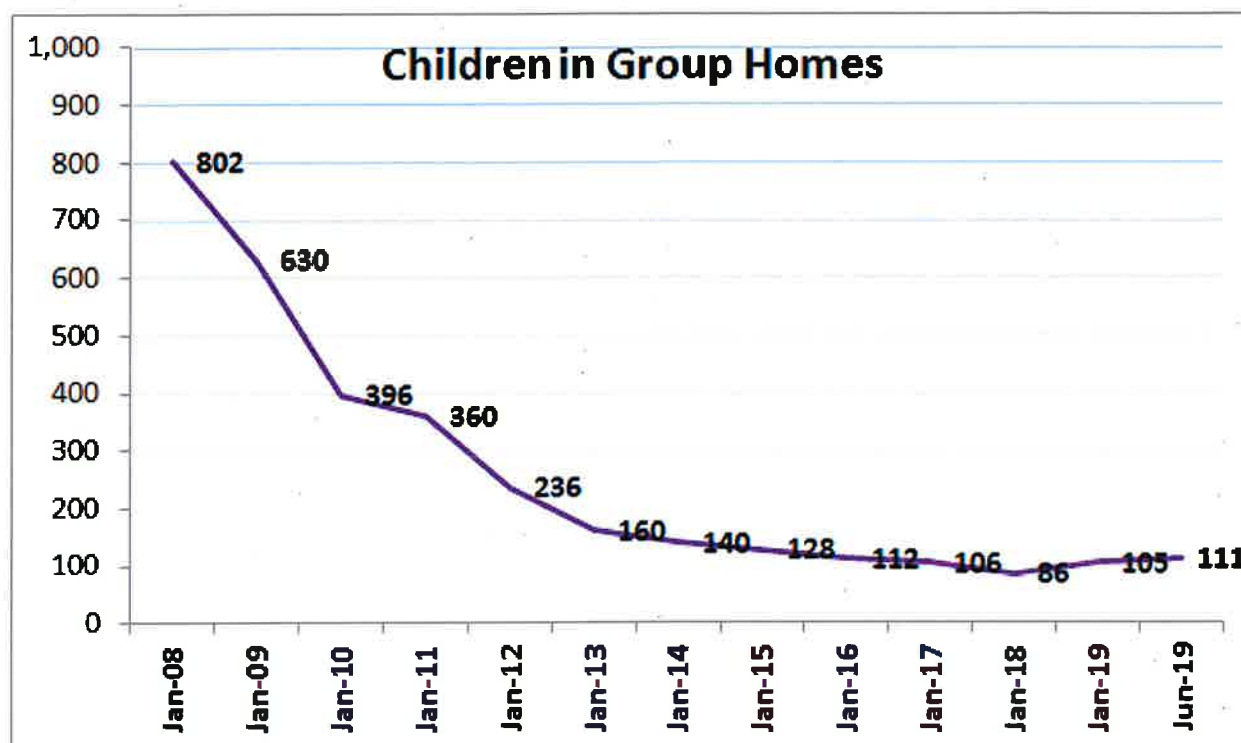
**Out-of-Home Placement:** As a point of historical context, from 2007 to 2015, BCDSS significantly reduced the number of children entering foster care by employing efforts to ensure that only the most vulnerable children entered foster care. At-risk families received other services through the Family Preservation Program and community-based interventions. This reduction in the number of children entering care slowed beginning in 2015 and by 2017 we noted a slight increase. During this reporting period, the number of children in foster care decreased again. At the end of this reporting period, there were 1,814 children in foster care. The decrease is attributed to finalizing adoptions and custody and guardianship arrangements to relatives. During Fiscal Year 2019, the Agency exited 95 children to adoption.

## Children in Out of Home Care by Age Group



Of the 1,814 children in out-of-home care, 349 are between the ages of 0-2, 292 are between the ages of 3-5, 452 are between the ages of 6-12, 277 are between the ages of 13-16, and 444 are between the ages of 17 and 21.

Forty percent of children in out-of-home care are placed with relatives, and 81.4 are placed in family care settings.



**Children in Group Homes:** Child development theory, federal legislation and best practice confirm what we know intuitively--children should be placed in settings that are developmentally appropriate and least restrictive. During this reporting period, we placed an additional 6 children in congregate care settings to meet their unique needs. Currently, approximately six percent (111 children) of the populations of children in out-of-home care (1814 children) are placed in group homes or institutional placement settings. This is well below the national average across the country. According to 2018 AFCARS data provided by the US Department of Health and Human Services, 10 percent of children in out-of-home care nationally are placed in congregate care settings.

We continue to work diligently to place children in family foster homes, including kinship care, whenever possible. We utilize congregate care as a last resort and only if the needs of the child necessitate a higher level of care. We are noticing a trend of younger children requiring placement in congregate care as a result of complex mental health and behavioral issues. At the end of this reporting period, there were 24 children between the ages of 7 and 12 years old in congregate care settings.

The Agency is working with our foster parents and treatment foster parents in order to provide training and support on caring for children with mental health and behavioral needs in order to keep children in the least restrictive settings whenever possible.

## **PART TWO – FIVE SUBSECTIONS OF THE MODIFIED CONSENT DECREE UPDATE**

Our summary status update below is divided into five subsections that mirror the sections of the MCD. In each section, we discuss our progress and reflect on performance data for Exit Standards and Internal Success Measures for which we have made significant progress during the reporting period.

### **I. Preservation and Permanency Planning**

There are seven (7) Exit Standards associated with the Preservation and Permanency Planning section of the MCD (*Exit Standards: 3, 4, 15a, 15b, 16, 20, 24a, 24b, 29a, 29b*). The statement of principle of practice is that children should remain with their families if they can do so safely. OHP should be temporary with the goal of providing a safe, nurturing, permanent home for the child as quickly as possible. During this reporting period, we did not make considerable progress in reaching compliance for these seven (7) Exit Standards. However, working closely with IVA, we have made progress in defining the appropriate measure methodology for several of these Exit Standards.

#### ***Progress this Reporting Period:***

- During this reporting period, all Family Preservation staff were certified in Solution Base Casework (SBC). A core component of SBC is case planning with the family and providing services tailored to the needs of the family. This SBC contract ended during this period, however the best practices gained through the contract will be sustained.
- We developed and submitted a Quality Service Review (QSR) plan to the IVA, which incorporated the development and implementation within Family Preservation.
- We developed a case transfer process for all cases being transferred between OHP and Family Preservation. This process ensures that all staff understands that service / case plans are required and that services reflected in that plan should be received timely.
- Although the overall percentage of transition plans for children 14 and over has not increased, we have expanded our Ready By 21 program to include all children 17 years old and above. The percentage of children with a transition plan in this age group has increased.



***Areas of Focus for Future Reporting Periods:***

- We will continue our work with the IVA to finalize the appropriate measurement methodologies for these seven (7) Exit Standards of this subsection.
- To further support this work, we will work closely with Family Preservation and OHP to strengthen communication and planning between programs for transferred cases.
- Exit Standard 15b: *"90 percent of children in OHP had a case plan."*  
We are working to enhance the QSR review process. Currently the IVA will not utilize QSR data to certify quality measures for Exit Standards. Addressing our QSR operations remains a priority.
- Exit Standard 20: *"Beginning July 1, 2010, for 85 percent of children, BCDSS had a family involvement meeting at each critical decision making point."*  
We will continue to strive toward ensuring that Family Involvement Meetings (FIMs) are conducted for critical case decision making points (MCD, Page, 14, Definition a.2, "Critical decision-making point" means at risk of removal, permanency plan change, placement change, and transitioning to independence). We currently conduct a number of FIMs; however, those FIMs are not in the categories designated within the MCD. We are realigning our practices to meet national best practice standards which include the use of FIMs in key decision points. Along with QSR, our enhanced Quality Assurance (QA) efforts will address the quality of FIMs. With the implementation of the Child, Juvenile, and Adult Management System (CJAMS), we will be better equipped to capture specific FIM data. CJAMS is slated for implementation in Spring 2020.
- Exit Standard 29: *"Children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan."* Ready by 21 has initiated the use of the Maryland Transition Plan document. The transition plan is also included in CJAMS. Moving forward, Ready by 21 (RB21) staff will work collectively with OHP staff to ensure that all youth ages 14 and older have transition plans. This will include in-house training and collectively drafting the plan during Transitional FIMs.

**II. Out-of-Home Placement (OHP):**

There are thirteen (13) Exit Standards associated with the OHP section of MCD (*Exit Standards: 33, 36, 39, 48, 52, 57, 58, 60, 65, 66, 68, 70a, 70b, 72*). We continue to work closely with the IVA to further define appropriate measure methodology for all Exit Standards.

***Progress Made During this Reporting Period:***

- Reviewed all the staffing levels for OHP, all Child Welfare program areas, and worked to fill vacancies. As of the end of this reporting period, all Child Welfare Program Managers and Unit Managers positions were filled with start dates during July and August.
- Reassigned two Program Managers to OHP in order to provide additional leadership and oversight. One was reassigned to the Child Placement Unit in order to expedite appropriate levels of placements as well as build relationships with our placement community.
- Recommendations made on program and practice structural changes were implemented. This included the establishment of a medically fragile unit, and enhancement of the Intensive Case Management Unit to include younger children.
- Youth Ready by 21 (RB21) Actions:  
During this reporting period, we made significant progress in several areas addressing the needs of our youth receiving RB21 services. These include:
  - Semi-Independent Living Arrangement (SILA) Savings: BCDSS's Ready By 21 unit is committed to ensuring that young people have the tools, skills and information necessary to develop and manage financial resources. As of March 1, 2019, young people who receive the SILA stipend have a minimum of \$25 deducted from his/her monthly stipend and placed into his /her SILA Savings account. These funds accumulate during the young person's stay in SILA and will be provided to the young person upon his/her exit from foster care. RB21 helped prepare our young people for this exciting initiative by hosting a SILA Savings orientation and workshop on January 17, 2019. The young people who attended the event were able to participate in individual consultations and prepared monthly budget and savings plans. The young people seem to be excited about this initiative as several have opted to increase the amount placed into their SILA Savings accounts each month to maximize their savings potential.
  - Jim Casey Opportunity Passport™ (Matched Savings program):  
Financial education training is provided to help young adults ages 14-26 learn basic information needed to understand how to manage money, understand personal credit and access the banking systems. The initial training includes modules 1-3 (about 10 hours of training) and is to be completed prior to enrollment. After enrollment, young people earn \$140 for successfully completing the training and are eligible to make a dollar for dollar asset purchase up to \$3,000. Through this program, young people can make a purchase in the following categories:
    - Credit building
    - Education and training

- Housing
- Health
- Investments
- Micro enterprise
- Vehicle
- Participant specific

Since partnering with the Jim Casey and implementing Opportunity Passport at BCDSS, young people made asset purchases in the areas of credit building, housing, investments and transportation (vehicles) which totals \$40,727.

As of the end of this reporting period, RB21 conducted six financial training sessions and enrolled 26 additional young people into Opportunity Passport. To date there are a total of 186 active participants enrolled in Opportunity Passport who are eligible to complete an asset purchase.

- **Maryland Youth Transitional Plan:**The Maryland Youth Transitional Plan is a tool used to guide our youth and their caseworkers with organizing and developing a comprehensive written action plan to ensure the successful transition from foster care. This plan is driven by the youth and is specific to his/her needs and goals. All youth receiving RB21 case management services are required to have a completed Maryland Youth Transitional Plan that is reviewed every 180 days.
- **The Mission of Keys to Success** is to provide a structured three-week program for young people ages 18 to 20 who are preparing for future independence. The Keys to Success Program includes staff mentors, opportunities, resources, and skill-building activities. It is an experiential program which focuses on the areas of employment, educational, housing, health and life-skills pursuits. Young people in foster care have endured multiple traumas and loss; therefore RB21 seeks to provide a safe place for them to visualize their future, address their feelings, practice new skills, develop a plan and seek out mentors and peer support.

Young people in Keys to Success experience success as a result of real life connections with community and RB21 resources. Some examples are:

- Maryland Workforce Exchange enrollment and job fairs
- Interview attire from Suited to Succeed & Attire for Hire
- Banking classes & support with credit corrections
- Income-based Housing Application Assistance and Rent Court
- IKEA & budgeting for a home
- Goodwill Services Inc. and Youth Opportunity Baltimore
- The Baltimore Sheriff's Outreach Office and Deputy Sheriff Teddy Haskins
- Local college tours

- Cooking classes at Stratford University
- Health presentations by Planned Parenthood, Priority Partners& MATCH
- Yoga classes at Living Classrooms

After completing Keys to Success, many of our young adults have started a new job, signed up with Job Corps or started college. So far this year, 44 young people have successfully completed Keys to Success with a unique vision of future success.

- RB21 Life Skills - Life skills equip young people to thrive in their community and help them be successful adults. Life Skills courses are developed and offered according to the RB21 Benchmarks to help young people reach their goals. The following life-skills classes/activities are offered to young people ages 14-20:
  - Resource Fair
  - RB21 Health Fair
  - RB21 Housing & Employment Expo
  - Graduation Celebration
  - Open Mic Night
  - FASFA Night
  - Driver's Education Study Group
  - Residential Readiness
  - Employment Workshop at RB21
  - Apartment Tours
  - Rent Court visit
  - Expungement Services
  - Stress & Your Body
  - Eating Healthy On A Budget

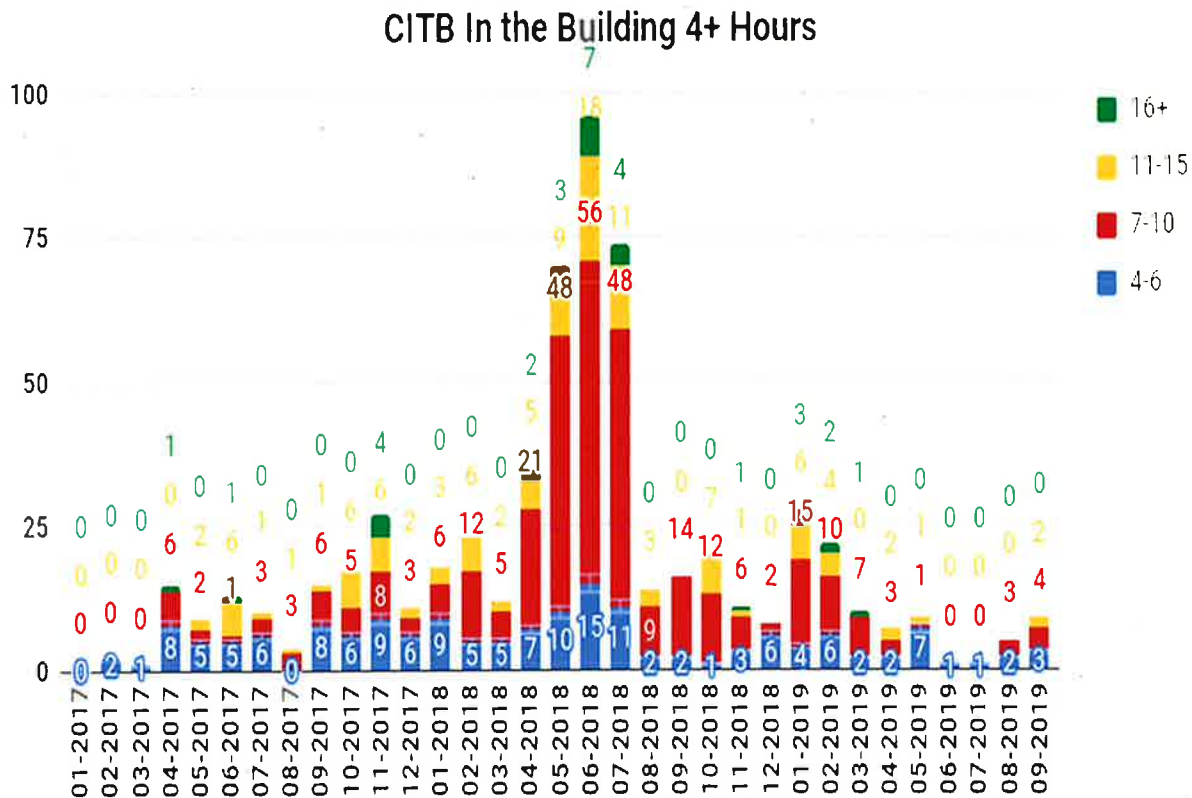
The aforementioned life skill activities are facilitated by either community providers or RB21 staff.

- Exit Standard 36: *"For 99% of children under age thirteen placed in congregate care, the placement was medically or therapeutically necessary and the placement included services that met the child's needs."*

The Director of the BCDSS and the IVA signed the Measure Instruction on March 13, 2019. During this reporting period, the Agency has aggressively moved toward compliance with this measure. DHS has approved new programs that provide services for this population of children. The IVA has asked the Agency to assist in setting up a meeting to visit and learn about the services offered by the new programs. The Agency will arrange a site visit with the IVA to visit and learn about the new programs.

- Exit Standard 68: *"99.8 percent of children in OHP were not housed outside regular business hours in an office, motel, hotel, or other unlicensed facility. If any child is so housed, BCDSS shall notify Plaintiffs' counsel within one working day of the*

*reasons for the placement, the name of the child's CINA attorney, and the steps that BCDSS is taking to find an appropriate placement. Barring extraordinary circumstances, no child may be housed in an office for consecutive nights."*



The Agency has made great improvements during this reporting period to ensure children are placed in appropriate placements and not housed in unlicensed facilities. We provide daily updates to the IVA and Plaintiff's Attorney.

### III. Health Care

There are seven (7) Exit Standards associated with the Health Care subsection of the MCD (*Exit Standards: 75, 79, 82, 83, 88a, 88b, 93, 94*). During this reporting period, we made considerable progress in reaching compliance for several of these Exit Standards. We have continued to work closely with the IVA and our Making All The Children Healthy (MATCH) Program to improve practice and further define the appropriate measure methodology for several of these Exit Standards.

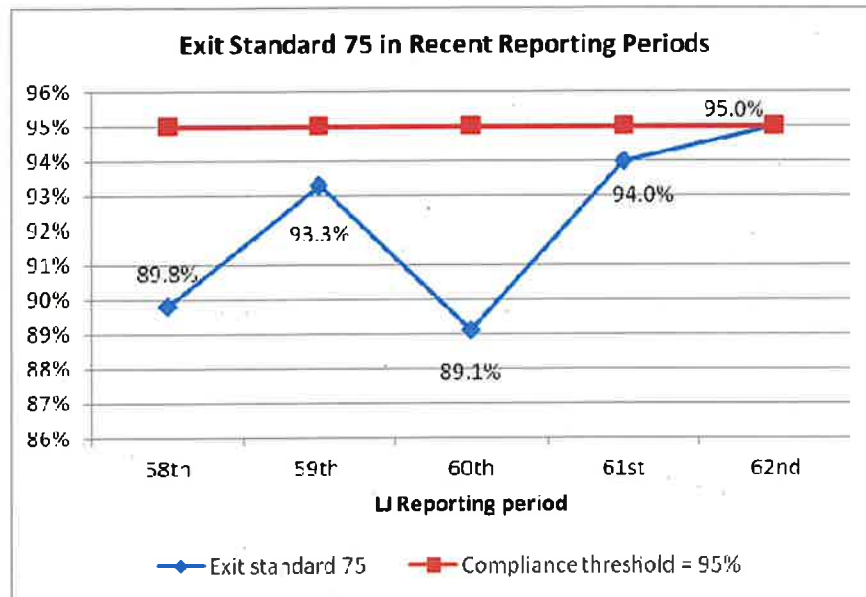
#### ***Exit Standard for Certification:***

**Exit Standard 75:** *"Beginning July 1, 2009, 95 percent of new entrants to OHP received an initial health screen within five days of placement."*



The Agency is requesting certification for this reporting period. We have met the measure compliance level of 95 percent. As stated in the 61st report, we had made tremendous changes in practice in order to ensure children received their mandated 5 day initial health screen.

During this reporting period, OHP staff along with MATCH staff worked together to remove any barrier of missed appointments within the 5 days. We have also put safeguards into place to prevent missed appointments.



***Progress Made During this Reporting Period:***

- Exit Standard 93: *"90 percent of all new entrants had a complete health passport that was distributed to the children's caregivers promptly."*

Over the past few reporting periods, we have moved toward compliance in this exit standard. During this reporting period, we have worked with the IVA to verify that the data collection and calculation of this measure were accurate. With the agreement in place, we will be better equipped to move toward certification in the next reporting period.

- Exit Standard 79: *"90 percent of all new entrants in OHP received a comprehensive health assessment within sixty days of placement."*

As reported in the 61st Report, the Agency began to make progress toward compliance. The IVA worked closely with the Agency on correctly defining this measure and the appropriate method to measure it. We have a team of caseworkers preparing these assessments and are ensuring all parties receive

the document within 60 days. This assessment has been an informative tool for all parties that receive it. We are optimistic about moving toward certification of this Exit Standard in the 63rd Report.

***Areas of Focus in Future Reporting Periods:***

- We will be moving forward with developing the necessary procedures to move toward compliance with Exit Standard 83. We are taking a strong position that all children have a timely periodic EPSDT examinations. The Agency believes that the percentage of children receiving EPSDT examination is higher than being reported, however the agency needs to improve the process with documentation of the examinations.

## **IV. Education**

There are Six (6) Exit Standards associated with the Education subsection of the MCD (*Exit Standards: 99, 104, 105, 106, 110, and 111*). During this reporting period, we made reasonable progress in reaching compliance for Exit Standard 99. We will continue to work closely with the IVA in defining the appropriate measure methodology for these Exit Standards.

***Progress Made During this Reporting Period:***

- Exit Standard 99: *"90 percent of children were enrolled in and began to attend school within five days of placement in OHP or change in placement."*

During the last reporting period, we worked closely with the IVA to address the numerous concerns regarding the data collection and calculation of this measure. The measure calculation now addresses both enrollment of new entrants and replacement of students when changes are made in the placement resulting in a change of school, as required by the MCD (Page 35, Section IV, D1). We are capturing new entrant enrollments, however we are experiencing challenges in capturing replacements. We will be able to accurately measure both school enrollments with the implementation of CJAMS.

- We hired a new supervisor, with a PhD in Education, for the Office of Education. The position now includes working directly with the various public school systems to ensure receipt of necessary data and also closer coordination with our casework staff around addressing educational issues for youth in OHP.

***Areas of Focus in Future Reporting Periods:***

- We acknowledge that we need to work closely with the IVA over the next reporting period in order to address the Education Exit Standards.

## V. **Workforce:**

There are Six (6) Exit Standards associated with the Workforce subsection of the MCD (*Exit Standards: 115, 116, 121, 122, 125, and 126*). We continue to work closely with the IVA to further define appropriate measure methodology for all Exit Standards.

### ***Exit Standard for Certification:***

Exit Standard 121: *"95 percent of caseworkers met the qualifications for their position title under Maryland State Law."*

All social worker positions in Child Welfare (caseworkers, supervisors, unit managers) are based on State level pre-review of qualifications, and development of "eligible" lists. Local Departments of Social Services receive these eligible lists for future hiring considerations. BCDSS's office of Human Resources (HR) staff do further screens to ensure that all candidates on the eligible lists meet the minimum requirements before hire.

As part of the hiring process, the Assistant Director of HR signs a memorandum attesting that the hires went through the proper process and have met qualifications for the position in accordance with Maryland State Law.

All documentation to support our 100% compliance with this Exit Standard are maintained in the BCDSS Office of Human Resources. The IVA may request documentation (i.e. transcripts, resume, etc) as needed to further verify the accuracy, validity and reliability of the data for this Exit Standard.

### ***Progress Made During this Reporting Period:***

- During this reporting period, we continued to review the Child Welfare Services portfolio to determine critical hiring needs. We requested and received 39 Child Welfare positions. A continuous recruitment plan was and continues to be in effect to fill vacant positions as staff leave. Caseload size has decreased and will continue to move closer to caseload ratio compliance in future reporting periods.



### **PART THREE: ADDITIONAL COMMITMENTS**

As of this Court report, we are providing updates on our compliance with the Additional Commitments which are set out at the end of the first four sections of Part Two of the MCD.

#### ***Progress During this Reporting Period:***

Over time, we have made significant progress with satisfying the following Additional Commitments as noted below:

- ***MCD PART ONE REQUIREMENTS/II. Verification Activities and Information/Section II/F.4*** - *"Within one working day, Plaintiffs' counsel shall be notified of the serious injury or death of any class member and shall be provided timely the incident report, any reports of the investigative outcomes, and access to the child's case file."*

Agency's Status Update: We continue to notify the Plaintiffs' counsel and the IVA of any serious injury or death of any class member. We continue to work with both parties to ensure timely submission of fatality reports and similar investigative outcomes. The IVA has been given access to the tracking database for all child fatalities. Upon request, the Plaintiffs' counsel may access the child's case file.

- ***MCD PART ONE REQUIREMENTS/II. Verification Activities and information/Section II/F.5.***

*"Defendants shall promptly provide to the Independent Verification Agent and to Plaintiffs' counsel all publicly available reports that Defendants receive indicating that they are not in compliance with a requirement of this Decree. "*

Agency's Status Update: At this time, we believe we have substantially satisfied this commitment. We continue to work with both the IVA and the Plaintiffs' counsel to ensure compliance. During this reporting period, no audit reports were released. We will continue to provide all related publicly available reports that the Agency receives accordingly.

- ***MCD PART ONE REQUIREMENTS/III. Verification Activities and information/Section III/#4:*** *"By December 31, 2009, Defendants, after consultation with the Internal Verification Agent, Plaintiffs' counsel and stakeholders, shall establish a standardized process for resolving issues related to individual class members. This process shall be widely publicized and accessible and shall permit individuals or their counsel to raise concerns about problems in their individual cases without retaliation (or fear of retaliation). Records shall be kept of the issues raised and their resolutions, and summary*

*reports shall be provided to the Internal Verification Agent and Plaintiffs' counsel every six months."*

Agency Status Update: We have met this commitment. During the reporting period, a standardized process for resolving issues related to individual class members was finalized. The process was shared with other Stakeholders in the subsequent reporting period. The Agency will provide IVA and Plaintiff's counsel a report.

- **MCD PART TWO REQUIREMENTS/I. PRESERVATION & PERMANENCY PLANNING/#1:** *"Based on an analysis of the needs of children and families that come to the attention of BCDSS, BCDSS will determine biennially the level of need and the amount of funds needed to fund in-home family preservation services, separate and apart from the regular program of protective services and safety case management services, to provide each family of a child at risk of removal with in-home family preservation services in a duration and intensity reasonably calculated to enable the child to remain with the family without removal. The DHR Secretary shall include in the DHR budget proposal funds that are sufficient, in the Secretary's judgment, to ensure that in-home family preservation services are available in the size and scope determined by the assessment and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly"*

Agency Status Update: We have met this commitment. DHS allocates BCDSS over \$1 million each fiscal year through Promoting Safe and Stable Families (PSSF) federal funds to provide family preservation services, as well as funding contracted family preservation services.

- **MCD PART TWO REQUIREMENTS/I. PRESERVATION & PERMANENCY PLANNING/#2:** *"The Secretary shall include funds in the DHR budget proposal that are sufficient, in the Secretary's judgment, to ensure that services and assistance are available for all children (and families) who come to BCDSS's attention as being at risk of placement into OHP or who are in OHP and have a permanency plan of reunification with their families, and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly."*

Agency Status Update: We have met this commitment. DHS allocates BCDSS \$326,000.00 each fiscal year through Family Reunification, PSSF funding. This funding can be utilized during and after a child is in OHP for services related to the child and the family.

- **MCD PART TWO REQUIREMENTS/I. PRESERVATION & PERMANENCY PLANNING/#4:** *"BCDSS shall continue to provide opportunities for youth in OHP to meet together and with the BCDSS Director, other high level officials, and*

*providers of youth services to talk about problems and needs for children in OHP and to develop effective ways to provide youth in OHP in Baltimore City information about the youth's rights, responsibilities, and opportunities to express concerns and report problems. With the assistance of youth, DHR shall develop a handbook for youth exiting OHP that provides information on available community resources."*

Agency's Status Update: We have met this commitment. The Agency, in conjunction with DHS, provides opportunities for youth to engage with leadership on issues. BCDSS leadership has made significant efforts to reach out to youth, engage with them, and intervene when there are problems. We also have a Youth Advisory Board which meets monthly. The Deputy Director and Ready By 21 Program Manager attend this meeting to provide updates to agency programs as well as youth input.

- **MCD PART TWO REQUIREMENTS/I. PRESERVATION & PERMANENCY PLANNING/#5:** *"BCDSS shall create an intensive case management plan for youth ages fourteen through twenty who frequently are missing from placement or are experiencing multiple disruptions in placements. These youth shall receive an intensive array of supportive services."*

Agency's Status Update: We have met this commitment. We created an intensive case management plan for youth ages ten through 20 who frequently are missing from placement or are experiencing multiple disruptions in placement. Our case management teams make frequent contacts with youth and provide an array of support services. During this reporting period, we expanded the age from age 14 to ten. Since we are noticing a trend of younger children experiencing multiple placement disruptions, and we want that population to benefit from this intervention. A new SOP has been drafted and will be submitted to the IVA for feedback during the next reporting period.

- **MCD PART TWO REQUIREMENTS/I. PRESERVATION & PERMANENCY PLANNING/#6:** *"By September 30, 2009, DHR/BCDSS, in partnership with outside experts and advocates for children, including Plaintiffs' counsel, shall create and, thereafter, DHR/BCDSS shall implement and maintain a plan to provide comprehensive services to children in OHP to meet the goals of the children being ready by age twenty-one for successful transition to adulthood."*

Agency's Status Update: We have met this commitment. BCDSS has implemented and maintained a plan to provide comprehensive services to children in OHP to ensure children may successfully transition to adulthood. We have partnered with Jim Casey Youth Opportunities Initiative to receive expert services and technical assistance for serving our transitional youth population. See various services provided to related children under preceding Preservation and Permanency Planning, Ready by 21 subsection.



- **MCD PART TWO REQUIREMENTS/I. PRESERVATION & PERMANENCY PLANNING/ #7:** *"By December 2009, DHR shall develop and implement a program pursuant to which each child whose caregiver seeks and receives custody and guardianship from the juvenile court and meets the legal requirements for a guardianship subsidy receives such a subsidy in an amount that conforms to the requirements of federal law. Such subsidy shall continue until the child is eighteen years of age or, if disabled or attending school or training, until the youth is twenty-one years of age."*

Agency's Status Update: We have met this commitment. BCDSS in conjunction with DHS have developed and implemented the Guardianship Assistance Program ensuring eligible caregivers receive guardianship subsidies in accordance with federal law. Management continues to provide oversight to ensure that this program continues to operate in compliance with regulations.

- **MCD PART TWO REQUIREMENTS/II. OUT OF HOME PLACEMENT/ # 1:**  
*"By December 31, 2019, DHR/BCDSS shall complete its assessment of the range of placements and placement supports required to meet the needs of children in OHP by determining the placement resource needs of children in OHP, the availability of current placements to meet those needs, and the array of placement resources and services that DHR/BCDSS needs to develop to meet those needs in the least restrictive most appropriate setting, including sufficient family placements for each child who does not have a clinical needs for a non-family placement, family placements available for emergency placement needs, placement appropriate to meet the needs of children with serious mental health problems and children with developmental disabilities, and appropriate facilities and programs for semi-independent and supportive living. The assessment shall be conducted biennially."*

Agency's Status Update: We have met this commitment and are preparing an updated assessment. BCDSS submitted an assessment March 15, 2018. DHS has contracted with University of Maryland School of Social Work to complete an updated biennial needs assessment. We will submit the updated needs assessment to the IVA and Plaintiff's Attorney upon completion.

- **MCD PART TWO REQUIREMENTS/II. OUT OF HOME PLACEMENT/ # 3:**  
*"BCDSS shall provide stipends to emergency shelter care homes even in months in which children are not provided care to assure that such homes remain available for emergency placements. Should BCDSS determine that this provision is not necessary to achieve the outcomes of this Consent Decree, BCDSS will propose a modification of this Consent Decree about which the parties will negotiate in good faith. The Secretary shall include funds annually in the DHR budget proposal that are sufficient, in the Secretary's judgment, to meet these requirements and, if included Governor's budget, shall advocate for the appropriation of such funds by the General Assembly"*

Agency's Status Update: We are in partial compliance with this commitment . BCDSS has vigorously recruited new foster homes during the last reporting period with an emphasis on emergency foster homes. BCDSS has identified new and already approved homes as emergency placements.

- **MCD PART TWO REQUIREMENTS/II. OUT OF HOME PLACEMENT / # 5:**  
*"DHR shall set the Semi-Independent Living Arrangement rate at no less than 95 percent of the foster care payment rate for teens by July 1, 2009 and shall make adjustments annually thereafter to match increases in the foster care rate as included in the budget. To satisfy this requirement, the Secretary shall include funds annually in the DHR budget proposal that are sufficient, in the Secretary's judgment, to meet these requirements and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly."*

Agency's Status Update: We have met this commitment. The Semi-Independent Living Arrangement rate is set at 100% of the foster care payment rate for teens which is in accordance with the MCD rate requirement. As required, adjustments are made to match increases in the foster care rate as included in the budget. As required, the Secretary of DHS has included funds in the DHS budget proposal that are sufficient, in the Secretary's judgment, to meet these requirements.

- **MCD PART TWO REQUIREMENTS/II. OUT OF HOME PLACEMENT / # 8.**  
*"To meet the requirements of Outcome 4 (as defined) of this Section to provide funding for child care, DHR/BCDSS shall continue without interruption to provide funding for child care to caregivers to at least the extent required by DHR Policy SSA 08-17 (attached as Exhibit 1). Defendants agree to extend the provision of child care to include before- and after-school care, vacation and holiday care, and sick day care, as needed, for all children ages twelve and under, but only to the extent funds are available from savings generated through the documented reduction in the use of congregate care. To satisfy this requirement, the Secretary shall include funds annually in the DHR budget proposal that are sufficient, in the Secretary's judgment, to meet these requirements and, if included in the Governor's budget, shall advocate for the appropriation of such funds by the General Assembly."*

Agency's Status Update: We met this commitment. Specifically, DHS/BCDSS continues to provide funding for child care to caregivers as required by DHS Policy SSA#16-20.

- **MCD PART TWO REQUIREMENTS/II. OUT OF HOME PLACEMENT / # 9.**  
*"By September 30, 2009, DHR/BCDSS shall provide documentation of policies and implementation of policies for ensuring that children in OHP who are expecting a child or who are parents receive services and assistance appropriate and sufficient to assist the child to acquire parenting skills."*

Agency's Status Update: We have made reasonable progress in satisfying this commitment as we have provided to the Plaintiffs' counsel and the IVA documentation of policies for ensuring that children in OHP who are expecting a child or are parents receive services and assistance appropriate and sufficient to assist the child to acquire parenting skills. MATCH staff has been assigned to work with these children.

- **MCD PART TWO REQUIREMENTS/II. OUT OF HOME PLACEMENT/ # 10.** *"By September 30, 2009, DHR/BCDSS shall provide documentation of policies and implementation of policies for ensuring that the input of children and caseworkers was considered in the reassessment, recertification and relicensing of a placement."*

Agency's Status Update: We have partially met this commitment. BCDSS Resource Homes caseworkers speak with children and their caseworkers about the care provided during the annual reconsideration of the foster home. We acknowledge the need to identify a method to track and document this practice.

- **MCD PART TWO REQUIREMENTS/III. HEALTH CARE/ # 1:** *"By June 2009, BCDSS will implement the BCDSS Health Care Initiative for all children newly entering OHP and all children in OHP with complex medical needs. Defendants shall provide Plaintiffs copies of the standards developed by the Medical Director as required in Definition C (2) of this Section."*

Agency's Status Update: We met compliance with this requirement. We have implemented Health Care Initiative for all children newly entering OHP and all children in OHP with complex medical needs. Plaintiffs' counsel was provided with standards developed by the Medical Director as required by the MCD.

- **MCD PART TWO REQUIREMENTS/III. HEALTH CARE/ # 2:** *"By March 2009, BCDSS shall establish and thereafter maintain a Health Care Advisory Council, including medical experts and advocates for children from outside BCDSS, DHR, and the Department of Health and Mental Hygiene, to provide guidance on implementation of the requirements of the BCDSS Health Care Initiative."*

Agency's Status Update: We have met this commitment. BCDSS has a Health Care Advisory Council, including medical experts and advocates for children from outside BCDSS, DHS, and the Maryland Department of Health, to provide guidance on implementation of the requirements of the BCDSS Health Care Initiative. The Council meets quarterly and the Plaintiff's Counsel and IVA are members of the Council.

- **MCD PART TWO REQUIREMENTS/III. HEALTH CARE/ # 3:** *"By August 2009 and annually thereafter, BCDSS/DHR, in consultation with the medical director and the Health Care Advisory Council, Shall develop a plan, timetable,*



*and a funding strategy for inclusion in the FY2011 and subsequent budget requests funding sufficient in the Secretary's judgment to accomplish full implementation of the requirements of the BCDSS Health Care Initiative for all children in OHP."*

Agency's Status Update: The Agency has met this commitment. BCDSS/DHS, in consultation with related parties, developed a plan and requested funding sufficient in the Secretary's judgment to accomplish implementation of the requirements of the BCDSS Health Care Initiative for all children in OHP. This includes three Inter-Governmental Agreements that address and manage the health care and mental health of children in OHP.

- **MCD PART TWO REQUIREMENTS/III. HEALTH CARE/ # 4:** *"By December 21, 2010, DHR/BCDSS shall operationalize a system to meet the mental health needs of children in OHP. The system will include access to mental health screening and assessment as well as a continuum of treatment services to mental health ongoing treatment that meets the needs of children in OHP. DHR/BCDSS will seek the advice and input from the Health Care Advisory Group in the development and implementation of this system."*

Agency's Status Update: The Agency has partially fulfilled this commitment. We have a long standing process that all children that enter OHP, receive a mental health assessment through a Catholic Charities within the first 30 days of entry into OHP. This assessment has been used as a tool with identifying the most appropriate placement and mental health treatment. Since the last forum on June 12, 2019, BCDSS has submitted a Child Welfare Mental Health Strategic Plan to the IVA and Plaintiffs';s Attorney. BCDSS is moving forward on implementation.

- **MCD PART TWO REQUIREMENTS/IV. EDUCATION:** *"By September 2009, Defendant will develop an implementation plan reasonably calculated to produce compliance with the education requirement of Federal "Fostering Connections to Success and Increasing Adoptions Act."*

Agency's Status Update: The Agency has fully satisfied this commitment. Specifically, the Agency developed an implementation plan ensuring compliance with the education requirement of Federal "Fostering Connections to Success and Increasing Adoptions Act".

## **PART FOUR: DATA SUMMARY**

The data summaries below include the 126 measures required by the MCD. The Agency acknowledges that methodology and data quality issues, as indicated in prior IVA reports, present limitations to the accuracy, reliability and validity of some of the data for the current and past reporting periods. The Agency is committed to and is actively involved in addressing these issues, in close collaboration with the IVA. Renewed commitment to completing this work as of this 62nd period has brought improvements to this period's data and will bring continued progress in subsequent periods.

In this context, the MCD measures included in this report represent the best data available to the Agency. This Data Summary section presents the MCD measures for the current reporting period and most recent four past periods. The historical data provides useful trend information; however, its value should be assessed on a measure-by-measure basis, and inferences from the data about Agency practice should be made in the context of the data limitations.

Please refer to the following data summary notation guidelines:

- Measures are grouped by the five substantive areas in the MCD (Preservation and Permanency, Out-of-Home Placement, Healthcare, Education, and Workforce).
- MCD Exit Standards are noted in bold and highlighted in blue.
- "TBD" indicates data for which the Agency is in the process of developing appropriate measurement methodology and data sources.
- Data in green indicate report periods in which the Agency has achieved IVA certification or is requesting it for the current period.
- Some measures are calculated using two separate processes: a quantitative methodology and a qualitative methodology. The latter is based on a Quality Service Review (QSR) process. These measures are divided into (a) and (b), respectively.



## Data Summary - Preservation and Permanency

#	Measure	58th	59th	60th	61st	62nd
1	Percent of children in family preservation that enter OHP.	3.3%	4.50%	6.5%	5.1%	2.9%
2	Percent of children and families in family preservation that timely received services identified in the case plan.	TBD	TBD	14.3%	TBD	TBD
3	<b>90 percent of children and families in family preservation had a case plan.</b>	<b>TBD</b>	<b>TBD</b>	<b>22.0%</b>	<b>14.8%</b>	<b>TBD</b>
4	<b>85 percent of children and families in family preservation timely received the services identified in the case plan.</b>	<b>TBD</b>	<b>TBD</b>	<b>14.3%</b>	<b>TBD</b>	<b>TBD</b>
5	Average length of stay for children in OHP (in months).	40	37	34	32	32
6a	Percent of children who had a comprehensive assessment within sixty days of placement.	TBD	TBD	TBD	TBD	TBD
6b	Percent of children who had a comprehensive assessment within sixty days of placement.	8.3%	TBD	TBD	TBD	TBD
7	Percent of all children with a permanency plan of reunification for whom BCDSS had a service agreement with the child's parents or guardians or for whom BCDSS made reasonable efforts to get the child's parents or guardians to enter into a service agreement.	21.3%	13.2%	17.0%	17.4%	22.0%
8	Percent of all children for whom BCDSS provided referrals for services identified in the child's parent's or guardian's service agreement.	14.0%	14.7%	12.1%	7.4%	9.8%
9	Percent of cases that had a team decision-making meeting when the child is at risk of a placement disruption.	0.8%	1.00%	1.7%	2.2%	5.3%
10	Percent of TPR petitions filed that were filed on time.	99.0%	100.0%	100.0%	100.0%	96.0%
11	Percent of children who, after twenty-four months in care, had a case review every ninety days to	1.9%	34.1%	27.3%	23.0%	24.6%

	resolve barriers to permanency.					
12	Percent of all children with a permanency plan of reunification for whom BCDSS facilitated a visit with the child's parents once per week.	17.4%	13.9%	18.4%	18.8%	25.4%
13	Percent of applicable children for whom, where the child's paternity had not been established, BCDSS sought to establish the child's paternity within ninety days of the child's entry into OHP.	100.0%	99.0%	100.0%	99.8%	98.8%
14	Percent of children for whom BCDSS searched for relatives or other resources.	20.4%	27.8%	20.4%	21.7%	35.0%
15a	90 percent of children in OHP had a case plan.	39.3%	41.60%	34.9%	32.1%	31.8%
15b	90 percent of children in OHP had a case plan.	11.8%	12.7%	14.3%	8.6%	11.0%
16	90 percent of children in OHP and their families timely received the services identified in their case plans.	27.2%	12.7%	12.1%	6.2%	8.5%
17	Percent of children ages twelve and over who participated in case planning meetings.	33.0%	71.50%	45.5%	87.0%	84.4%
18	Percent of all new entrants for whom a family involvement meeting was held within seventy-two hours of placement.	1.8%	10.40%	8.4%	10.3%	17.6%
19	Percent of all children for whom case planning meetings included family members.	35.1%	78.30%	52.4%	74.4%	55.7%
20	Beginning July 1, 2010, for 85 percent of children, BCDSS had a family involvement meeting at each critical decision making point.	4.5%	14.40%	14.2%	10.1%	18.5%
21a	Percent of children whose case plan was completed within sixty days of placement.	15.1%	18.1%	13.6%	10.2%	9.1%
21b	Percent of children whose case plan was completed within sixty days of placement.	11.8%	12.7%	14.3%	8.6%	11.0%
22a	Percent of children whose case plan was updated every six months.	41.1%	42.00%	35.1%	32.7%	31.5%

22b	Percent of children whose case plan was updated every six months.	11.8%	12.7%	14.3%	8.6%	11.0%
23	Percent of children for whom BCDSS reported to the child's parents, the parents' attorney, and the child's attorney any intention to request a change in the permanency plan at least ten days prior to the court review.	TBD	TBD	TBD	TBD	TBD
24a	<b>90 percent of children had a case plan that was completed within sixty days of the child's entry into OHP and which was updated every six months.</b>	<b>36.2%</b>	<b>37.0%</b>	<b>30.3%</b>	<b>27.7%</b>	<b>27.9%</b>
24b	<b>90 percent of children had a case plan that was completed within sixty days of the child's entry into OHP and which was updated every six months.</b>	<b>11.8%</b>	<b>12.7%</b>	<b>14.3%</b>	<b>8.6%</b>	<b>11.0%</b>
25a	Percent of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	49.4%	53.8%	57.9%	53.6%	52.2%
25b	Percent of children ages fourteen and over who had a transition plan for independence included in the child's case plan and were timely receiving the services identified in the case plan.	16.5%	11.8%	12.1%	6.2%	8.5%
26	Percent of emancipated youth who reported receiving services designed to prepare them for independence.	74.0%	66.0%	74.0%	72.0%	69.0%
27a	Percent of youth with a mental illness or a developmental disability who need a residential facility, residential supports, or day programming or supported employment services after they turn twenty-one who received a referral, and who had a transition plan to an alternative service provider at least two years prior to	TBD	96.5%	100.0%	NA <sup>1</sup>	100.0%

<sup>1</sup> Both denominator and numerator were equal to zero.

	their twenty-first birthday.					
27b	Percent of youth with a mental illness or a developmental disability who need a residential facility, residential supports, or day programming or supported employment services after they turn twenty-one who received a referral, and who had a transition plan to an alternative service provider at least two years prior to their twenty-first birthday.	33.3%	50.0%	25.0%	0.0%	100.0%
28 <sup>2</sup>	Number of youth, ages eighteen to twenty-one, who exited OHP through rescission.	8	4	9	3	4
29a	<b>90 percent of children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.</b>	<b>49.4%</b>	<b>53.8%</b>	<b>57.9%</b>	<b>53.6%</b>	<b>52.2%</b>
29b	<b>90 percent of children ages fourteen and over had a transition plan included in the child's case plan and timely received the services identified in the case plan.</b>	<b>16.5%</b>	<b>11.8%</b>	<b>12.1%</b>	<b>6.2%</b>	<b>8.5%</b>

<sup>2</sup> These Motions were in accordance with the May 3, 2010 Decision Memo issued by the Forum Facilitators. BCDSS did not request rescission for any of the cases reported here.

## Data Summary - Out of Home Placement

#	Measure	58th	59th	60th	61st	62nd
30	Percent of all children who were placed in:					
a	Family Settings	77.7%	79%	79.6%	46.7%	46.2%
b	Family Settings: Relatives	29.8%	31.9%	33.9%	31.2%	30.2%
	Family Settings: Other	47.9%	47.1%	45.7%	15.5%	16.0%
c	Congregate Care	6.6%	5.7%	5.4%	6.1%	7.1%
d	Independent Living	6.1%	5.8%	5.4%	5.4%	5.5%
e	Other (by type)	9.6%	9.5%	9.6%	10.6%	10.9%
	College	0.1%	0.10%	0.0%	0.1%	0.0%
	Correctional Institution/Secure Detention Facility	1.7%	1.50%	1.5%	1.3%	1.4%
	Halfway House	0.0%	0.0%	0.0%	0.0%	0.0%
	Homeless Shelter	0.0%	0.0%	0.0%	0.0%	0.0%
	Own Home	3.8%	3.1%	3.3%	3.0%	2.8%
	Inpatient Psychiatric Care	0.4%	0.3%	0.4%	0.3%	0.2%
	Inpatient Medical Care	0.4%	0.5%	0.4%	0.6%	0.6%
	Job Corps	0.1%	0.0%	0.0%	0.0%	0.0%
	Runaway	3.1%	3.3%	3.0%	3.0%	2.4%
	Military	0.0%	0.0%	0.0%	0.0%	0.0%
31	Percent of all children in OHP placed with siblings.	39.9%	38.4%	38.2%	48.4%	47.0%
32a	Percent of all children in congregate care who had a stepdown plan.	14.0%	57.0%	60.1%	15.9%	94.7%
32b	Percent of all children in congregate care who had a stepdown plan.	17.6%	TBD	TBD	TBD	TBD
33	<b>Beginning January 1, 2011, 90 percent of all children were placed promptly in the least restrictive and appropriate placement based on their individualized needs.</b>	<b>57.7%</b>	<b>62.4%</b>	<b>54.4%</b>	<b>55.6%</b>	<b>56.1%</b>
34	Number of children placed in congregate care by age groups:					



	Children under seven placed in congregate care	0	0	1	0	1
	Children seven to twelve placed in congregate care	8	11	10	17	26
35	Percent of children under age thirteen placed in congregate care for whom the placement was medically or therapeutically necessary and the placement included services that met the child's needs.	100.0%	90.0%	100.00%	100%	83.3%
36	<b>For 99% of children under age thirteen placed in congregate care, the placement was medically or therapeutically necessary and the placement included services that met the child's needs.</b>	<b>100.0%</b>	<b>90.0%</b>	<b>100.00%</b>	<b>100%</b>	<b>83.3%</b>
37	Number of placements available to BCDSS by type.					
	Foster Homes (Regular & Restricted)	402	426	444	445	432
	Treatment Foster Care (beds)	1766	1806	1806	1816	1816
	Group Home (beds)	639	645	645	561	561
	Non residential therapeutic day programs (beds)	NA	NA	NA	NA	NA
	Independent Living Placements (beds)	288	295	295	295	295
38	Number of emergency foster homes on retainer and the number of beds available in each home.	NA	0	0	0	0
	Number of emergency foster homes on retainer	0	0	0	0	0
	Number of beds	0	0	0	0	0
39	<b>The array of current placements matched the recommendation of the biennial needs assessment.</b>	<b>TBD</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
40	Percent of all children who have service needs identified in their case plans.	13.7%	19.6%	22.0%	14.8%	17.1%
41	Percent of all children for whom identified service needs were followed by timely and appropriate referrals.	13.7%	19.6%	25.3%	21.0%	22.0%
42	Percent of children who receive services necessary and sufficient to meet the child's needs and to	56.4%	31.4%	28.6%	35.8%	36.6%

	support stability in the least restrictive placement.					
43	Percent of children not placed with their siblings who have visitation with their siblings twice a month.	32.6%	33.3%	30.7%	22.4%	35.2%
44	<b>90 percent of children and caregivers received services necessary and sufficient to meet their needs and to support stability in the least restrictive placement.</b>	<b>56.4%</b>	<b>31.4%</b>	<b>28.6%</b>	<b>35.8%</b>	<b>36.6%</b>
45	Percent of kinship care providers who received written notification of the right to apply for foster home licensing within ten days of placement.	97.4%	99.0%	56.4%	44.4%	48.4%
46	Percent of kinship care providers who received written notification of BCDSS training opportunities.	100.0%	97%	100.0%	32.4%	59.1%
47	Percent of kinship care providers who reported having been informed about training and licensing opportunities.	62.0%	54%	94.4%	94.1%	79.5%
48	<b>90 percent of kinship care providers received written notification of the right to apply for foster home licensing within ten days of placement.</b>	<b>100.0%</b>	<b>99.0%</b>	<b>56.4%</b>	<b>43.9%</b>	<b>48.4%</b>
	New Placements	100.0%	100%	73.2%	59.8%	57.9%
	Placement Changes	100.0%	97%	16.7%	10.0%	32.4%
49	Number of Special Support team positions funded by the Department, by type.					
	Substance Abuse	1	4	4	4	5
	Mental Health Services	1	4	4	4	5
	Developmental Disabilities	20	26	24	20	20
	Independent Living	8	10	9	9	8
	Housing	8	11	10	10	10
	Education/Special Education	7	7	6	6	4
50	Number of Special Support team positions filled, by type.					
	Substance Abuse	1	4	4	4	5
	Mental Health Services	1	4	4	4	5
	Developmental Disabilities	20	26	24	20	20
	Independent Living	8	10	9	9	8

	Housing	8	11	10	10	10
	Education/Special Education	7	7	6	6	4
51	MCDSS MS-100 (job descriptions for all positions).	YES	YES	YES	YES	YES
52	<b>BCDSS employed a staff of non-case carrying specialists to provide technical assistance to caseworkers and supervisors for cases that require specialized experience and/or knowledge.</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
53	Percent of all foster home applications that were approved/denied within 120 days of application.	95.6%	92%	82.0%	TBD	TBD
54	Percent of all foster home caregivers who received all training required by law.	100.0%	99.2%	100.0%	100.0%	100.0%
55	Number of foster homes licenses rescinded by the Department due to lack of compliance.	14	4	5	9	6
56	Percent of all foster homes and kinship care placements that met the COMAR licensing requirements.	87.5%	57.9%	63.4%	57.8%	51.8%
57	<b>95 percent of all foster homes and kinship care placements met all legal requirements.</b>	<b>87.5%</b>	<b>57.9%</b>	<b>63.4%</b>	<b>63.2%</b>	<b>57.6%</b>
58	<b>90 percent of all foster homes were approved and reapproved on a timely basis.</b>	<b>91.2%</b>	<b>82.7%</b>	<b>93.8%</b>	<b>TBD</b>	<b>TBD</b>
59	Percent of all placements in which the caregivers received a complete Child Placement Information Form at the time of placement.	TBD	TBD	TBD	TBD	TBD
60	<b>95 percent of caregivers had been provided all available information about the child's status, background, and needs.</b>	<b>70.8%</b>	<b>57.8%</b>	<b>57.1%</b>	<b>63.0%</b>	<b>69.6%</b>
61	Number of children in OHP for whom a CPS report was made.	120	105	106	95	44
62	Number of children in OHP for whom a CPS investigation was opened.	87	65	62	63	43
63	Number of children in OHP for whom a report of maltreatment while in OHP was indicated.	1	4	0	4	4



64	Percent of CPS investigations which were initiated in a timely manner.	80.0%	66.7%	92.6%	53.3%	52.9%
65	<b>99.68 percent of children in OHP were not maltreated in their placement, as defined by federal law.</b>	<b>99.96%</b>	<b>99.50%</b>	<b>98.97%</b>	<b>99.5%</b>	<b>96.11%</b>
66	<b>In 95 percent of cases of alleged maltreatment of a child in OHP, BCDSS provided the child's attorney and Plaintiffs' counsel the report of the alleged maltreatment within five days of the report and the disposition within five days of its completion.</b>	<b>41.0%</b>	<b>37.6%</b>	<b>38.7%</b>	<b>26.3%</b>	<b>17.9%</b>
67	Number of children who spent four hours or more in an office, motel, or unlicensed facility.	26	66	110	58	47
68	<b>99.8 percent of children in OHP were not housed outside regular business hours in an office, motel, hotel, or other unlicensed facility. If any child is so housed, BCDSS shall notify Plaintiffs' counsel within one working day of the reasons for the placement, the name of the child's CINA attorney, and the steps that BCDSS is taking to find an appropriate placement. Barring extraordinary circumstances, no child may be housed in an office for consecutive nights.</b>	<b>99.0%</b>	<b>97.40%</b>	<b>95.6%</b>	<b>97.6</b>	<b>97.9%</b>
69a	Percent of children ages twelve and over who participated in placement decisions.	33.0%	TBD	TBD	TBD	TBD
69b	Percent of children ages twelve and over who participated in placement decisions.	76.2%	90.9%	94.1%	100.0%	100.0%
70a	<b>90 percent of children ages twelve or over participated in placement decisions.</b>	<b>33.0%</b>	<b>72.6%</b>	<b>69.2%</b>	<b>TBD</b>	<b>TBD</b>
70b	<b>90 percent of children ages twelve or over participated in placement decisions.</b>	<b>76.2%</b>	<b>90.9%</b>	<b>94.1%</b>	<b>100.0%</b>	<b>100.0%</b>
71a	Percent of children who had documented visits from their caseworker once monthly in the	95.4%	93.20%	92.9%	91.7%	93.1%

	child's placement.					
71b	Percent of children who had documented visits from their caseworker once monthly in the child's placement.	34.3%	50.0%	52.7%	63.0%	68.3%
72a	<b>95 percent of children had documented visits from their caseworker once monthly in the child's placement.</b>	<b>95.4%</b>	<b>93.2%</b>	<b>92.9%</b>	<b>91.7%</b>	<b>93.1%</b>
72b	<b>95 percent of children had documented visits from their caseworker once monthly in the child's placement.</b>	<b>34.3%</b>	<b>50.0%</b>	<b>52.7%</b>	<b>63.0%</b>	<b>68.3%</b>

## Data Summary - Healthcare

#	Measure	58th	59th	60th	61st	62nd
73	Percent of new entrants who received an initial health screen within five days of placement.	89.8%	93.3%	89.1%	91.9%	96.9%
74	Percent of cases in which children received appropriate follow-up when the initial health screen indicated the need for immediate medical attention.	92.9%	100.0%	99.0%	96.4%	98.4%
75	<b>Beginning July 1, 2009, 95 percent of new entrants to OHP received an initial health screen within five days of placement.</b>	<b>89.8%</b>	<b>93.3%</b>	<b>89.1%</b>	<b>94.0%</b>	<b>95%</b>
76	Percent of new entrants that received a comprehensive health assessment within sixty days of placement.	92.9%	88.3%	79.9%	86.8%	85.6%
77a	Percent of all children that had a comprehensive health plan.	96.6%	92.0%	84.8%	93.0%	92.1%
77b	Percent of all children that had a comprehensive health plan.	TBD	TBD	TBD	TBD	TBD
78a	Percent of children whose case plan team meeting included a discussion of the child's comprehensive health assessment.	71.0%	TBD	TBD	TBD	TBD
78b	Percent of children whose case plan team meeting included a discussion of the child's comprehensive health assessment.	TBD	TBD	TBD	TBD	TBD
79	<b>Beginning July 1, 2009, 90 percent of new entrants into OHP received a comprehensive health assessment within sixty days of placement.</b>	<b>92.9%</b>	<b>88.3%</b>	<b>79.9%</b>	<b>86.8%</b>	<b>85.7%</b>
	Medical Exams	94.9%	93.5%	87.1%	91.9%	91.7%
	Dental Exams	92.9%	90.9%	85.1%	91.5%	92.4%
	Mental Health Exams	99.5%	98.1%	97.4%	97.9%	95.0%
80	Beginning July 1, 2009, percent of children entering OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health	95.8%	88.4%	77.4%	92.3%	86.3%

	assessments and examinations, including examinations and care targeted for adolescents and teen parents.					
81	Beginning July 2010, percent of children in OHP who received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.	66.0%	79.3%	86.3%	87.1%	85.3%
82	<b>Beginning December 1, 2009, 90 percent of children entering OHP received timely periodic EPSDT examinations and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</b>	<b>95.8%</b>	<b>88.4%</b>	<b>77.4%</b>	<b>86.7%</b>	<b>86.3%</b>
83	<b>Beginning July 2010, 90 percent of children in OHP received timely periodic EPSDT examinations, and all other appropriate preventive health assessments and examinations, including examinations and care targeted for adolescents and teen parents.</b>	<b>66.0%</b>	<b>79.3%</b>	<b>86.3%</b>	<b>87.1%</b>	<b>85.3%</b>
84	Beginning July 1, 2009, percent of new entrants under age three who were referred for a Part C Assessment within ten days of placement.	100.0%	99.3%	100.0%	99.0%	100.0%
85a	Percent of children who received timely all Needed Health Care Services.	65.8%	79.1%	86.2%	87.1%	83.9%
85b	Percent of children who received timely all Needed Health Care Services.	46.1%	58.8%	56.0%	60.5%	59.8%
86	Percent of cases in which the identification of a developmental delay was followed by a prompt referral for special education or early intervention services.	33.3%	50.0%	25.0%	0.0%	85.7%

87	Percent of cases in which the case worker monitored the child's health status once monthly.	34.3%	38.2%	41.8%	48.1%	57.3%
88a	<b>90 percent of children received timely all Needed Health Care Services.</b>	<b>65.8%</b>	<b>79.1%</b>	<b>86.2%</b>	<b>87.1%</b>	<b>83.9%</b>
88b	<b>90 percent of children received timely all Needed Health Care Services.</b>	<b>46.1%</b>	<b>58.8%</b>	<b>56.0%</b>	<b>60.5%</b>	<b>59.8%</b>
89a	Percent of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly - Health passport	97.2%	95.1%	92.0%	84.9%	89.7%
89b	Percent of all new entrants who had a complete health passport and MA number that were distributed to caregivers promptly - MA number	74.7%	95.1%	92.0%	84.9%	89.7%
90	Percent of children who had a health passport that was updated and distributed to the caregivers at least annually.	86.8%	72.4%	91.7%	90.4%	89.4%
91	Percent of children for whom BCDSS requested an MA card promptly when a replacement was needed.	90.1%	87.0%	81.6%	97.8%	99.0%
92	Percent of all children for whom BCDSS delivered an MA card promptly.	92.0%	86.6%	95.0%	100.0%	97.5%
93	<b>90 percent of all new entrants had a complete health passport that was distributed to the children's caregivers promptly.</b>	<b>97.2%</b>	<b>95.1%</b>	<b>92.0%</b>	<b>84.9%</b>	<b>89.7%</b>
94	<b>90 percent of children had a health passport that was updated and distributed to the children's caregivers at least annually.</b>	<b>86.8%</b>	<b>72.4%</b>	<b>91.7%</b>	<b>90.4%</b>	<b>89.4%</b>

### Data Summary - Education

#	Measure	58th	59th	60th	61st	62nd
95	Percent of new entrants who were enrolled in and begin to attend school within five days of placement.	88.8%	85.0%	87.6%	83.7%	94.1%
96	Percent of children who changed placement who were enrolled in school within five days of a placement change	56.1%	62.3%	41.2%	44.3%	38.4%
97	Percent of children eligible for special education who received special education services without interruption when they transferred schools.	66.7%	100.0%	100.0%	80.0%	0.0%
98	Percent of children ages three to five who were enrolled in a pre-school program.	38.3%	54.5%	36.4%	35.2%	32.3%
<b>99<sup>3</sup></b>	<b>90 percent of children were enrolled in and began to attend school within five days of placement in OHP or change in placement.</b>	<b>87.4%</b>	<b>69.0%</b>	<b>64.4%</b>	<b>74.3%</b>	<b>76.5%</b>
100	Percent of children who had an attendance rate of 85 percent or higher in the Baltimore City Public School System.	41.0%	54.4%	56.0%	35.2%	44.7%
101	Percent of children who had an educational plan.	22.3%	19.4%	22.4%	14.5%	20.0%
102	Percent of children for whom BCDSS met its obligations as set forth in the child's educational plan.	26.6%	29.0%	23.7%	19.7%	34.9%
103	Percent of children whose educational progress was monitored monthly.	28.0%	30.1%	27.3%	27.0%	38.5%
<b>104</b>	<b>90 percent of children had an educational plan.</b>	<b>22.3%</b>	<b>19.4%</b>	<b>22.4%</b>	<b>14.5%</b>	<b>20.0%</b>
<b>105</b>	<b>For 90 percent of children, BCDSS had met its obligations as set forth in the child's educational plan.</b>	<b>26.6%</b>	<b>29.0%</b>	<b>23.7%</b>	<b>19.7%</b>	<b>34.9%</b>

<sup>3</sup> This is a measure of school enrollment only and is not verification of attendance. This data is provided for informational purposes only.



106	<b>For 90 percent of children, BCDSS had monitored the child's educational progress monthly.</b>	<b>28.0%</b>	<b>30.1%</b>	<b>27.3%</b>	<b>27.0%</b>	<b>38.5%</b>
107	Percent of children for whom any indication of developmental delay or disability was followed by a prompt referral for special education or early intervention services.	33.3%	50.0%	25.0%	0.0%	85.7%
108	Percent of children in special education or early intervention for whom the provider or case worker attended the IEP meeting.	74.3%	86.7%	78.6%	78.6%	83.3%
109	Percent of children who were eligible for special education or early intervention services for whom BCDSS made reasonable efforts to secure services.	42.0%	45.5%	35.9%	45.9%	48.6%
110	<b>BCDSS made a prompt referral for special education or early intervention services for 90 percent of children for whom there was an indication of developmental delay or disability.</b>	<b>33.3%</b>	<b>50.0%</b>	<b>25.0%</b>	<b>0.0%</b>	<b>85.7%</b>
111	<b>BCDSS made reasonable efforts to secure services for 90 percent of children who were eligible for special education or early intervention services.</b>	<b>42.0%</b>	<b>45.5%</b>	<b>35.9%</b>	<b>45.9%</b>	<b>48.6%</b>

### Data Summary - Workforce

#	Measure	58th	59th	60th	61st	62nd
112	Percent of case-carrying (fulltime and with full-caseloads) staff who were at or below the standard for caseload ratios.	88.0%	30.5%	36.4%	35.8%	42.7%
113	Percent of case-carrying teams who were at or below the standard for ratio of supervisor:worker.	98.6%	90.8%	58.0%	82.7%	91.8%
114	Percent of children entering OHP beginning July 1, 2009 whose siblings had the same caseworker.	78.6%	89.8%	94.7%	78.7%	88.5%
115	<b>90 percent of case-carrying staff was at or below the standard for caseload ratios.</b>	<b>88.0%</b>	<b>30.5%</b>	<b>36.4%</b>	<b>35.8%</b>	<b>42.7%</b>
	Permanency Teams	76.4%	30.5%	36.4%	35.8%	42.7%
	Resources & Support Teams	100.0%	NA	NA	NA	NA
116	<b>90 percent of case-carrying teams were at or below the standard for ratio of supervisor: worker.</b>	<b>98.6%</b>	<b>90.8%</b>	<b>58.0%</b>	<b>82.7%</b>	<b>91.8%</b>
117	Percent of caseworkers who qualified for the title under Maryland State Law.	100.0%	100.0%	100.0%	100.0%	100.0%
118	Percent of case-carrying workers who passed their competency exams prior to being assigned a case.	100.0%	100.0%	100.0%	100.0%	100.0%
119	Percent of caseworkers and supervisors who had at least twenty hours of training annually.	29.0%	72.4%	27.9%	23.1%	22.6%
120	Percent of caseworkers who reported receiving adequate supervision and training.	29.0%	0.0%	100.0%	100.0%	60.0%
121	<b>95 percent of caseworkers met the qualifications for their position title under Maryland State Law.</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
122	<b>90 percent of caseworkers and supervisors had at least twenty hours of training annually.</b>	<b>29.0%</b>	<b>72.4%</b>	<b>27.9%</b>	<b>23.1%</b>	<b>22.6%</b>
123	Percent of cases transferred with required documentation within five working days.	100.0%	85.7%	95.0%	96.7%	99.6%
124	Percent of transferred cases in which a case conference was held within ten days of the transfer.	100.0%	85.7%	95.0%	96.7%	99.6%



<b>125</b>	<b>90 percent of cases were transferred with required documentation within five working days.</b>	<b>100.0%</b>	<b>85.7%</b>	<b>95.0%</b>	<b>96.7%</b>	<b>99.6%</b>
<b>126</b>	<b>90 percent of transferred cases had a case transfer conference within ten days of the transfer</b>	<b>100.0%</b>	<b>85.7%</b>	<b>95.0%</b>	<b>96.7%</b>	<b>99.6%</b>

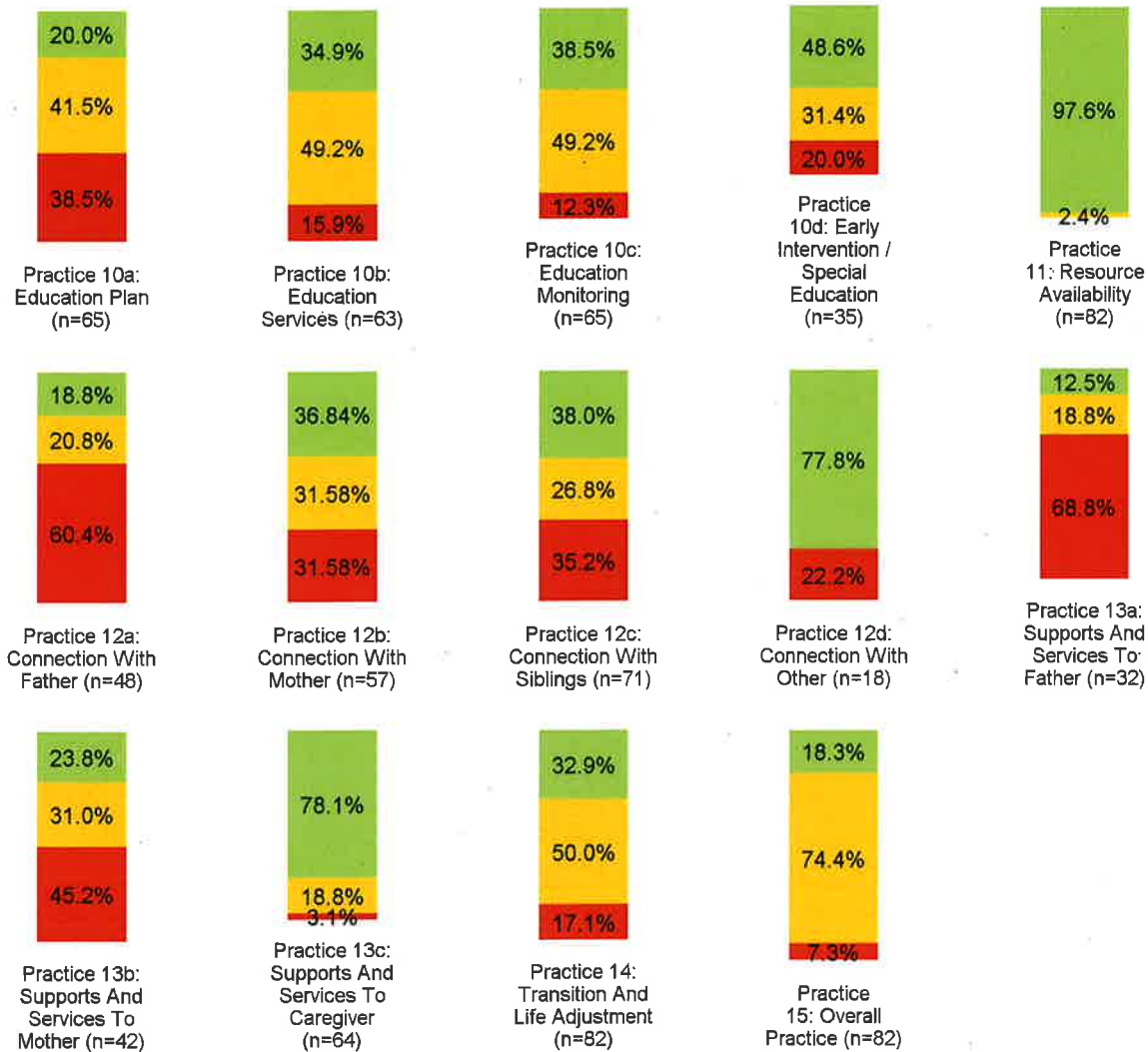
## Data Summary - QSR Status Indicators





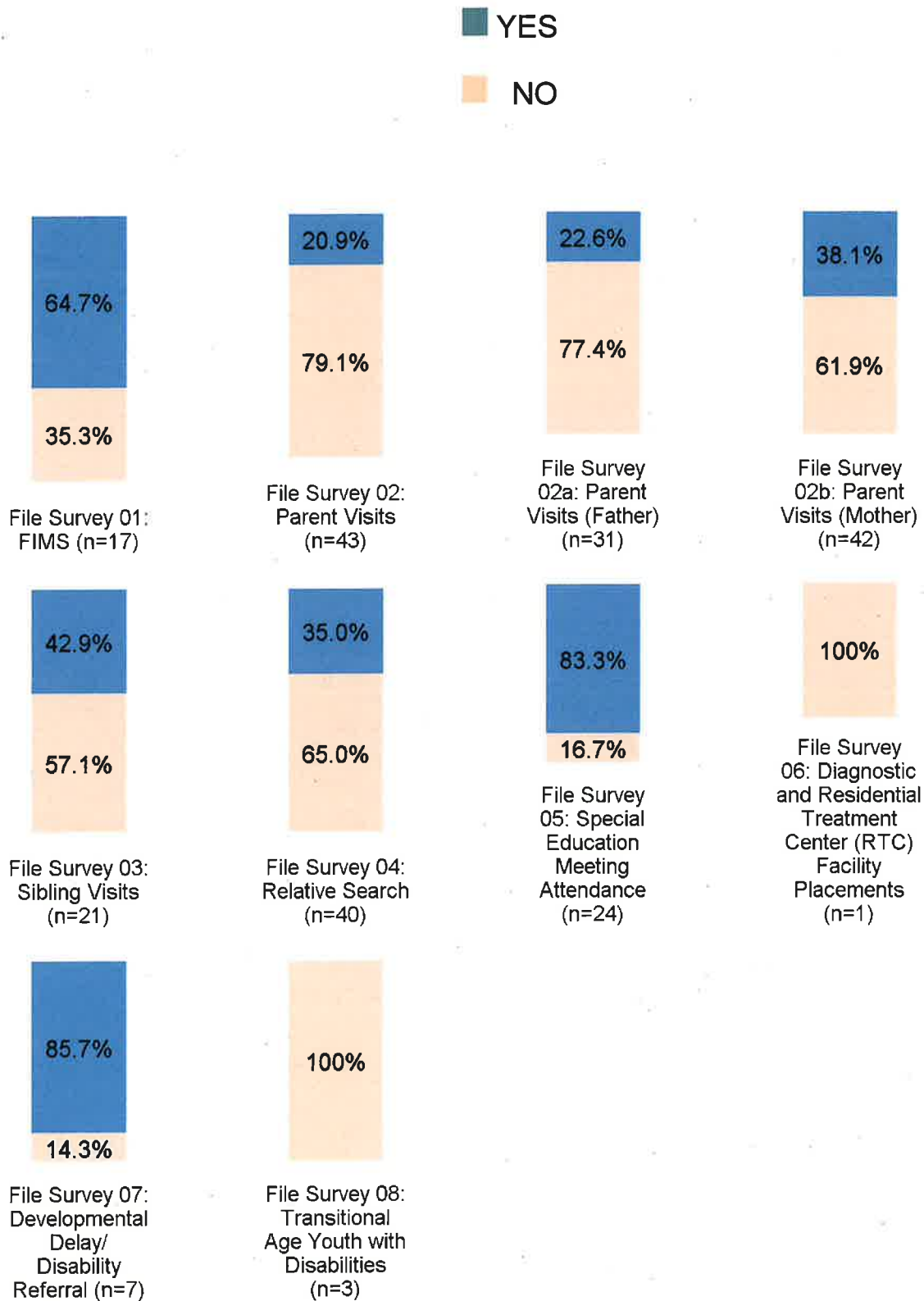
## Data Summary - QSR Practice Indicators



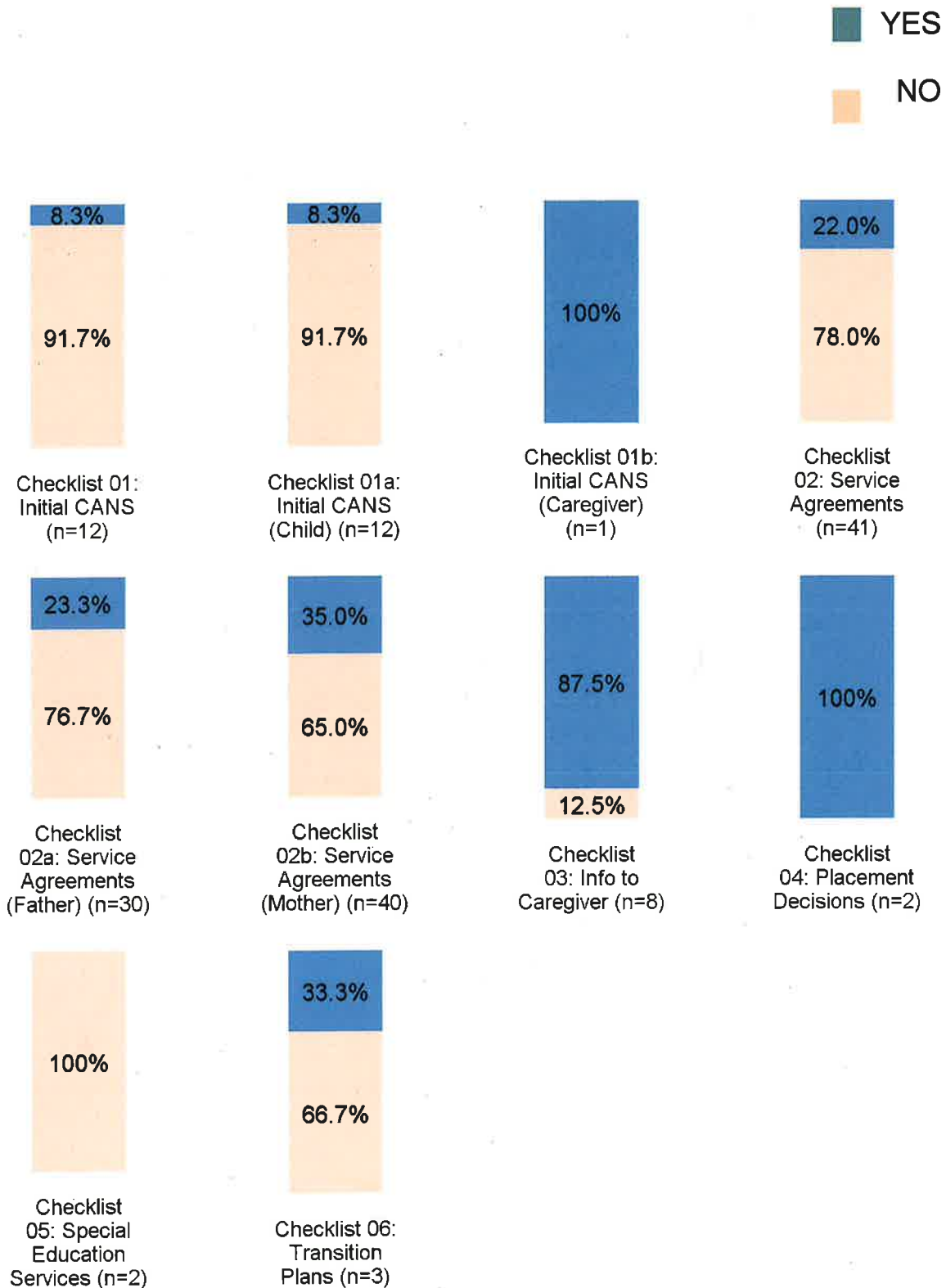




## Data Summary - QSR File Survey Indicators



## Data Summary - QSR Checklist Indicators



## **PART FIVE - CONCLUSION**

During the period covered by this 62nd *L.J. v. Massinga* Court Report, we continued to focus on obtaining additional clarity on the issues and concerns presented by the IVA in previous years regarding the methodologies and data sources for a number of the MCD Exit Standards. A new Director assumed leadership of the Agency and oversight of LJ compliance. With any transition, new leadership needs time to learn and position staff to lead the Agency's efforts to move toward compliance.

The new leadership team made a conscientious effort to begin to work closely with the IVA to carefully review L.J. measures, obtain concurrence on the measure methodology and to ensure adequate data collection, establish quality controls, and enhance the internal coordination of compliance activities. We also increased the number of senior leaders who participate and contribute to the agency's compliance efforts. The Agency Director established designated meeting times to allow for critical discussions and briefings. To the extent possible, the established meeting times were maintained. We felt it extremely important to spend time with the IVA and her staff to walk through issues and concerns in order to identify viable strategies to effectively mitigate issues.

As we continue to work closely with the IVA, our partners at DHS and other key stakeholders, we will continue to improve the delivery of child welfare services in Baltimore City with a renewed focus on the status, experiences and well-being of children served by child welfare. We remain committed to ensuring the safety and permanency for vulnerable children and to supporting their families, guardians and adoptive resource families to achieve timely permanency. We look forward to our continued work with the IVA during the next reporting period.

Respectfully submitted,

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